



EASTERN REGIONAL TRAUMA ADVISORY COMMITTEE

DATE: March 11, 2010

PLACE: Billings Clinic

PRESENT: :

Helena DPHHS: JNemec/CKussman

Billings Clinic BVonbergen, J.Selvig,
L. Hilliard, K. Vesey, Dr. Randy Thompson,
Dr. Robert Hurd.

AMR: KBloom

SVH: JMahoney; PClifton;; TCoble; L.Taggart,
M.Ostler

Glasgow: ESchuchard

HRH: S. McFarlin

TELEPRESENT:

Big Timber KRonneberg

Bozeman: SMiller

Butte:

Colstrip: J.Craig/JOrtiz,MD

Columbus: D Donahue, P Leak, B Kovanda

Culbertson: ???

Glasgow:

Glendive: H.Niehaus

Helena DPHHS: JHansen

Lewistown: DDuffy;

Livingston: TBarker; SGood

Malta:

MT Health Network: Sherry Taylor

NEMHS: TStrand; PTurnbaugh

Plentywood: D.Anderson, L. Fawcett, C.Mehl

Powell, WY:

Sidney: K.Hatter, T. Gustafson

Scobey Dr. Sawdy LLeibrand; L. Hinkley,
K. Wolfe, B. Bjarko, G. Fouhy, N. Reed,
K.Hansen, J. Fosland, J. Jones

Red Lodge W.Oley, MD: (Chair); CBenton,

Harlowton: L.Theriault; Ray Heatherington

GUESTS:

23 Facilities/Organizations

53 Participants. Thank You!

TOPIC	DISCUSSION	RECOMMENDATION	ACTION / FOLLOW-UP
			RESPONSIBLE PARTY
<u>CALL TO ORDER</u>	Meeting called to order by Dr. Oley at 1400. Verbal roster taken. Reminders to FAX signed rosters and evals.	None	none
<u>REVIEW OF MINUTES</u>	Members by email prior to meeting. Motion to approve and second accepted.		To State Website BVonBergen

TOPIC	DISCUSSION	RECOMMENDATION	ACTION / FOLLOW-UP
<u>CASE REVIEWS and EDUCATION</u>	<p>1. <u>Full Spine Precaution and ATLS Primary Survey:</u> Discussion about the following of ATLS guidelines in the resuscitation of the trauma patient. Protection and prevention of spinal cord injuries is best achieved when done as early as possible. Frequent neurovascular assessments are vital in the ongoing care of the patient with spine injury with or without neurologic deficit. Phenergan is not approved for IV use. IV phenergan can cause vein necrosis. Other IV options for treatment of nausea/vomiting are Zofran and Compazine.</p> <p>2. <u>Mass Casualty Shooting:</u> Discussion of early call for transfer triggers and pretransfer care:</p> <ol style="list-style-type: none"> Who can trigger the call. Triage triggers. Care before transfer. <p>Discussion of triage decisions, trauma team activation, safety of the scene and the treatment facility.</p> <p>Request for transport/transfer should occur as soon as the determination of inability to provide needed level of care is known. Provider-to provider communication is essential and needs to be balanced with the ongoing resuscitation needs. Trauma Center can provide resuscitation and transport guidance.</p> <p>3. <u>Emergent Care in Acute EDH:</u> Discussion surrounding the care of the acute head injured patient from scene to rehab. The indications, timing, procedure, equipment, and personnel needed for performing an emergent burr hole reviewed.</p>	<p><i>Early identification of potential life threatening injuries and adequate resuscitation needs are best achieved when ATLS guidelines are followed.</i></p> <p><i>In the mass casualty environment, the priority shifts from providing care to those with the most urgent need to providing care to those with the highest probability of survival. Facilities should have predetermined triggers for activation.</i></p> <p><i>Communication between the referring physician and the receiving physician is essential legally as well as in providing the best and safest care before and during the transfer. Trauma Center Physician should help facilitate transport and guidance with resuscitation.</i></p> <p><i>Intoxication can influence decision making-be aware of this influence. This potential life saving procedure requires clear indications and is best performed under the guidance of a neurosurgeon. When sending radiology studies, send the ones with life threatening positive findings first and separate. Sending all at once requires more time and none can be viewed until the whole batch has arrived which can lead to delays.</i></p>	<p>RESPONSIBLE PARTY</p> <p>Informational</p> <p>Informational</p>

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	<p>4. <u>Vascular trauma in a child and timing to definitive care:</u> Discussion about the recognition and resuscitation of shock including: ATLS guidelines, S&S, fluid resuscitation, bleeding control, equipment, consultation, and appropriate transfer decisions.</p> <p>5. <u>Pneumothorax, Flight, and In-flight Cardiac Arrest:</u> The physiologic changes that occur during flight were reviewed. Differences between rotorwing and fixed wing were also reviewed. Changes in altitude, ascending and descending, and the importance of assessments and reassessments were discussed. The importance of imaging prior to flight transports, basic xray findings-normal and abnormal were reviewed.</p>	<p><i>Patients with known vascular injuries require treatment at facility that can provide required interventions. Delay in these interventions can lead to limb threatening complications. Dispatch coordination to provide transfer without delay, except in cases of lifesaving resuscitation, to the appropriate center is vital. The use of MAST pasts for hemorrhage control is effective in some specific instances, however, in this case hemorrhage control may have been achieved by other more effective means.</i></p> <p><i>Ensure proper positioning of the chest tube prior to air transport. Seek consult from medical control regarding CT vs. no CT in smaller pneumothorax. Anticipate and prepare for the potential needs of the patient during the flight. Ensure that imaging is sent and/or accompanies the patient.</i></p>	<p>Informational</p>
<u>Air Transport Decisions-“Shopping”</u>	T.C. Coble, chief flight nurse for HelpFlight, discussed the dangers of providers “shopping” around for a flight team to transport a patient before obtaining a receiving physician. TC has provided this committee a DVD which outlines this national issue.	<i>The video will be placed for viewing on the state EMS website.</i>	TC Coble, State EMS
<u>Screening, Brief Intervention, Referral to Treatment</u>	Leigh Taggart RN at St. Vincent Healthcare brought valuable information on the current state of SBIRT in MT and her research project.	<i>SBIRT is a valuable, research proven method to approach and address alcohol abuse in trauma patients.</i>	

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<u>Transport from Scene to Definitive Care with Facility Bypass</u>	Discussion regarding the use of predetermined criteria to transport a subset of patients to the nearest appropriate facility vs. the nearest facility. Evidence exists which shows improvement in outcomes when this type of plan is used for head injured patients. Currently being used in Missoula. Our geography is much different than western MT. This, as well as many other factors must be considered when developing. Resuscitation of patients should be done at the closest facility with input from trauma centers. Delays in resuscitation can lead to complications or death.	<i>Continue discussion at later meeting.</i>	
<u>SUBCOMMITTEE REPORTS</u>	<p><u>Treasurer's Report:</u></p> <ul style="list-style-type: none"> a. Educational grants provided totaling: b. Current balance: \$16,211.00 c. Requests this year \$3,600.00 <p><u>Education Subcommittee:</u> Education subcommittee developing a 4 hour geriatric trauma class. ATLS April 9 & 10: Billings FULL: Still need 2 EMTs for course: contact Gail Hatch @ 444-3746 or ghatch@mt.gov if interested June 11 & 12: Missoula October 15 & 16: Missoula November 5 & 6: Billings</p> <p>ATCN will be given with ATLS in Billings. April 9-10, 2010. FULL November 5 & 6 Space available</p> <p>Rocky Mountain Rural Trauma Symposium in Helena, MT</p> <ul style="list-style-type: none"> + September 16 & 17, 2010 + www.45pr.com/calendar/calendar.htm + Lynn Smith from 2009 event will return. + Igor Shafid MD, author of "Inside the Red Zone: Physical and Spiritual Preparedness Against WMD." 	<p><i>The committee will review current guidelines at next ERTAC. Likely no money will be coming from the state, considering the likely budget cuts. Requests approved with stipulations.</i></p> <p>.</p> <p><i>Informational</i></p>	Reports at each meeting.

TOPIC**DISCUSSION****RECOMMENDATION****ACTION / FOLLOW-UP****RESPONSIBLE PARTY**

Trauma Systems Conference
 + September 15, 2010 in Helena

TNCC 2010 as below

Date	Location	Contact Person
03/12/10 Instructor Course	Bozeman	Nancy Rahm nrahm@billingsclinic.org
03/29 & 30	Bozeman	Lynnora Jetter chickenlady111@yahoo.
04/18/10 Instructor Course	Kalispell	Elaine Schuchard eschuchard@montanah
04/28 & 29	Sidney	Elaine Schuchard
05/11 & 12	Deer Lodge	Elaine Schuchard
05/24 & 25	Baker	Elaine Schuchard
09/20 & 21	Sidney	Elaine Schuchard

ATT: Assessment of Treatment of Trauma

- + AAOS course developers
- + EMS Trauma Course (BLS and ALS levels)
- + One day with a 2 hour online perquisite

Date	Location
05/01/10	Glasgow
TBD	Miles City

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	TBD	Lewistown	Jason Mahoney
	<p>ENA Geriatric GENE course: on Line; \$149.95-\$249.95</p> <p>Basics in Pediatric Trauma Presented by:</p> <p>Dr. Denis Bensard,</p> <p>Director of Pediatric Surgery and Pediatric Trauma</p> <p>Wednesday, March 17, 2010-12:00 – 1:00pm MST</p> <p>Mansfield Health Education Center Room 3</p> <p>St. Vincent Healthcare</p> <p>Billings Clinic Conference Room 6</p> <p>Rimrock Trauma Conference May 20th, 2010 at Mansfield Health Education Center on campus of SVH. Controversies, Challenges and New Care Concepts, like plating rib fractures.</p> <p>Montana State ENA Conference</p> <ul style="list-style-type: none"> ✘ Bozeman Wingate ✘ April 16-17 ✘ Info & registration at http://montanaena.com ✘ ENA Members : \$75 2-day, \$45 1-day ✘ Non-ENA Members: \$100 2-day, \$50 1-day ✘ Nursing or EMS Students: \$50 2-day, \$25 1-day 	<p>To view this program via video conferencing contact:</p> <p>Robert Parker</p> <p>406-237-8654</p> <p>Robert.parker@svh-mt.org.</p> <p>OR</p> <p>Mark Horn 406-657-4870 mhorn@billingsclinic.org</p> <p>Penny Clifton RN/ 237-4292 Penny.clifton@svh-mt.org</p> <p>Nancy Rahm nrahm@billingsclinic.org</p>	<p>All Trauma care providers.</p>

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	<p><u>Injury Prevention:</u> Koren Bloom, NREMT-P of AMR provided the IP report.</p> <p>Areas of Focus for IP</p> <ul style="list-style-type: none"> ▶ Fall Prevention ▶ Occupant Protection ▶ Concussion / Sports Injury 	<p><i>Koren's powerpoint will be placed on the State EMS website. Please contact Koren if you have any questions.</i></p> <p><i>Request ERTAC IP help you extend a Billings program into your area.</i></p> <p><i>See SafeKids webpage for area events</i></p>	
<u>STATE REPORT</u>	<p><u>State Report:</u> STCC meetings 2010 : May 11 (Tuesday, note day of week change) August 9 November 8</p> <p>Designations/Verifications: Congratulations!!!! MTRF: Scobey Colstrip Lewistown redesignation: Big Timber</p> <p>CTF: Ronan Just reviewed: Crow Agency (MTRF) To be scheduled: Phillipsburg</p> <p>09-10 MHREF Rural Flexibility grant funds:</p> <ul style="list-style-type: none"> a. Funds for regional ATLS equipment b. Development of web-based Trauma Coordinator education course c. PHTLS/ATT Course support 	<p><i>Informational</i></p>	

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	<p>Preparedness: Budgeted for 3 BDLS and 1 ADLS courses. 72 students through ADLS so far. March BDLS Course FULL. April Course: contact Dayle Perrin 444-3895 or Larry Ross 444-0931 ADLS June 25-26 @ Fairmont (BDLS prerequisite to ADLS attendance) Additional ABurnLS courses to be scheduled in future Still some PPE available, should facilities need, call 444-3075</p> <p>ECC: (Emergency Care Committee) meeting to improve care systems. Focus groups = STEMI, Panflu, Airmedical Safety.</p> <p>a. Air Medical Safety: b. Interfacility Transfer</p> <p>WRTAC and CRTAC activities reviewed</p> <p>Preventable Mortality study: Third MT Preventable Mortality study to be undertaken (no states have conducted three serial studies) to evaluate effectiveness of trauma system and trauma care.</p>		
<u>PUBLIC or GENERAL COMMENT</u>	None		
<u>ADJOURNMENT</u> <u>NEXT MEETING</u>	<p>Meeting was adjourned by Dr. Oley at 1700 Thursday June 10th, 1400-1700. Hosted at SVH, provided by both SVH and BC. Contact Penny Clifton with proposals: 406.237.4292 penny.clifton@svh.mt.org.</p>	<p><i>Telemedicine attendees, please reserve your site for this meeting with your site coordinator. If you do not know who your site coordinator is, you can inquire at EMTN at Billings Clinic (406-657-4870) or PHTN at SVH (406-237-8659).</i></p>	
<u>CONTACTS</u>	<p>SVH Trauma Coordinator: Penny Clifton 406-237-4292 BC Trauma Coordinator Brad VonBergen 406-435- 1581 SVH Trauma Med Dir. Dr. Dennis Maier 406-238-6470</p>	<p>penny.clifton@svh-mt.org bvonbergen@billingsclinic.org</p>	<p>Website MontanaEMS.mt.gov</p>

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BC Trauma Med. Dir. Education Sub Com.	Dr. Robert Hurd 406-238-2500 Elaine Schuchard 406-228-4351	rhurd@billingsclinic.org eschuchard@montanahealthnetwork.com	
IP Subcomm. ERTAC Chair SVH OrthoTrauma State Trauma Manager State Registry/ PI	Koren.Bloom@emsc.net Dr. Billy Oley MD Sally Hageman 406-237-4171 Jennie Nemec 406-444-0752 Carol Kussman 406-444-4459 Gail Hatch 406-444-3746	woley@billingsclinic.org koren.bloom@emsc.net or kbloom@amr-ems.com sally.hageman@svh-mt.org jnemec@mt.gov ckussman@mt.gov	
EMSC State IP	Joe Hansen 406-444-0901 Bobbi Perkins 406-444-4126	ghatch@mt.gov jhansen3@mt.gov bperkins@mt.gov	